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APPLICANTS

James Martucci, Libertyville, IL;
 Tuan Bui, Green Oaks, IL;
 James Hitchcock, Barrington, IL; Alejandro DiGianfilippo, Scottsdale, AZ;
 Richard Pierce, Glendale, AZ;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>RM</i>	IL	32	64	7

ADDRESS

Francis C. Kowalik, Esq.
 Corporate Counsel, Law Department
 BAXTER INTERNATIONAL INC.
 One Baxter Parkway, DF2-2E
 Deerfield, IL
 60015

TITLE

MEDICATION DELIVERY SYSTEM

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